DIVISION OF JUSTICE AND COMMUNITY SERVICES LAW ENFORCEMENT PROFESSIONAL STANDARDS(LEPS) SUBCOMMITTEE

1204 Kanawha Boulevard, East Charleston, West Virginia 25301

PERSONNEL CHANGE – IN – STATUS REPORT

This form shall be completed and returned, within 10 days, to the above address by a law enforcement agency whenever there is a change in status as indicated below.

AGENCY:		
OFFICER'S NAME:		
LAST	FIRST	MIDDLE
DOB:/ Iden	ntification Number:	-
N	New Employee	
DATE EMPLOYED:/	/	
Previously certified in WV?		
Yes - which agency?		
No - MUST enter full SSN		
Previously certified in another state?		
State		
Last agency employed at		Date left:
Officer certification date	Officer Identification Num	ber
<i>1</i>	Existing Employe	ee
CHANGE IN RANK: EFFECTIVE DATE	:/	
Previous Rank:	New Rank:	
MILITARY ACTIVATION:		
Date effective ://	Date Returned to Duty:_	/
OFF DUTY DUE TO EXTENDED ILL	NESS OR INJURY:	
Date off duty:/	Date retuned to duty:	/ /

---Individual No Longer Employed--Chose one of the following options

RETIREMENT	[: EFFECTIVE DATE :/_	/	
	In good standing In lieu	of termination Wh	ile under investigation
Comments			
RESIGNATIO	N: EFFECTIVE DATE :/_	/	
Ir	n good standing In lieu	of termination W	hile under investigation
To other	law enforcement employmen	t	
To non-la	aw enforcement position		
From Academy,	if so: Class number	_	
PA	T Failure Personal Re	asons Medical Re	asons
Comments			
TERMINATIO	DN: EFFECTIVE DATE:/_		
Comments			
DECEASED:	Date ://	Line of duty death:	Yes No
CRIMINAL CH	HARGES PENDING OR BI	ROUGHT:	
	DATE :/	Court:	
Comments			
Form Completed	d by:Printed Name	/	Signature
		/	C
	Title	Agei	ncy
	Email A	Address	
Revised 15 Jan 13	()	Ех	stension:
Reviseu 13 Jan 13	Phone N	umber	